

Douglas A. Ducey
Governor



Michael Wisehart
Director

Nursing Supported Group Home Survey 9

Please only provide information as it pertains to the services outlined in this survey for DDD. If your agency provides additional services do your best to estimate the portion of information that applies to these services for DDD members.

We understand that you've provided answers to many of these questions in prior survey rounds. To ensure we can trend information reliably over time by survey we need the answers repeatedly so we appreciate you providing them again. Please save your answers so you can reuse them in additional surveys.

Introduction and Contact Information:

1. What is your organization's name? (Drop down menu)
2. Please enter the following contact information:
 - Contact Name
 - Email Address
 - Phone Number
3. Please enter your AHCCCS ID
4. Please enter your Employer ID
5. Does your agency provide nursing supported group home services? (HAN) Y/N

Staffing:

6. How many staff worked for your agency on April 16, 2021 and provided services to DDD members? (Please provide only numeric data as a response)
 - Employed Full Time RN's (30+ hrs per week):
 - Contracted RN's:
 - Employed Full Time LPN's (30+ hrs per week):
 - Contracted LPN's:
 - Employed Full time CNA's (30+ hrs per week):



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- ☐ Contracted CNA's:
 - ☐ Direct Care Workers (DCW) (30+ hrs per week):
 - ☐ Contracted DCW
7. How many staff vacancies did your agency have on average, between the following time periods:
- ☐ March
 - ☐ April
8. How many applications for DCWs have you received over the following time periods?
- ☐ March
 - ☐ April
9. How many applicants were qualified for DCWs(including passing background checks) over the following time periods?
- ☐ March
 - ☐ April
10. Is your agency receiving more or less DCW applicants currently when compared to the same time last year?
- ☐ More/less/the same
11. Is your agency receiving more or less qualified DCW applicants currently when compared to the same time last year?
- ☐ More/less/the same
12. Is your agency retaining more or less qualified DCWs currently when compared to the same time last year?
- ☐ More/less/the same
13. What was your staff vacancy on March 31 for the years listed below?
- ☐ 2019
 - ☐ 2020
 - ☐ 2021
14. How many new staff were hired in:



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- March
- April

15. How many staff left your agency (laid off, terminated, etc.) in:

- March
- April

16. Has your agency seen a change in behavior since the extension of federal UI on 12/27/20?

- Yes
- No
- Comment

17. If there was a reduction in staff between March and April, please answer the following (please provide the number of nurses for each reason)

- Family Issues:
- Laid off due to demand:
- Sick Leave:
- Refused to work:
- Other:
- Estimated total reduction in hours:

18. Please provide any additional comments regarding the reduction of staff.

19. Has your agency experienced an increase in demand for nursing supported group home services? Y/N

20. If your agency has seen an increase in demand, please provide the following information about changes in services that are delivered by your agency. If there has been a decrease please include a subtraction sign (-10). Please enter "0" if not applicable.

- Number of Members served changed
- Total units provided changed

21. How many total staffing hours were scheduled in the following weeks?

- Week of March 22 - 26
- Week of April 19 - 23



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22. Has your agency experienced an increase in overtime due to increased demand? Y/N
23. Please provide the number of overtime hours paid in each of the following time periods:
- ☐ March
 - ☐ April
 - ☐ Anticipated May
24. Has there been a decrease in the number of staff that are dedicated to a specific site home? Y/N
25. Please provide the percentage of nurses that were dedicated to a specific site on the following dates:
- ☐ March
 - ☐ April
 - ☐ Anticipated May
26. What is the average number of sites a nurse is currently working in per week?
27. Has your agency required front line supervisors or other Management staff to cover vacancies?
Y/N
28. Please provide the number of front line supervisors or other Management staff that covered vacancies on the following dates:
- ☐ March
 - ☐ April
 - ☐ Anticipated May
29. Does your agency have enough nursing staff to meet your needs without additional overtime, supervisors, or staffing agencies as of April 12, 2021?
30. Does your agency have enough CNA/DCW staff to meet member needs without additional overtime, supervisors, or staffing agencies as of April 12, 2021? Y/N
31. Have you seen an increase in Paid or Unpaid Time Off due to COVID-19? Y/N

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32. If Yes, please provide the number of hours per month vacated with Paid Time Off due to COVID-19?

- ☐ March
- ☐ April
- ☐ Anticipated May

33. If Yes, please provide the number of hours per month vacated with Unpaid Time Off due to COVID-19?

- ☐ March
- ☐ April
- ☐ Anticipated May

34. If Time Off due to COVID-19 is Paid, what is the total cost of those hours?

- ☐ March
- ☐ April
- ☐ Anticipated May

Vaccinations:

35. Are you requiring that your direct care workers (DCW) get the COVID-19 vaccine? Y/N

36. Please mark all reasons that you've heard for refusing vaccines:

- ☐ Safety concerns/limited testing
- ☐ Concerns about effectiveness of vaccines
- ☐ Religious and disability-related objections
- ☐ Want to continue telehealth
- ☐ Not tracking reason why they are refusing vaccines
- ☐ All staff have indicated that they want the vaccine
- ☐ Don't Want It/Did not provide reason

37. Have your DCWs had issues accessing the COVID-19 vaccine? Y/N (if yes comment option)



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38. Is your agency incentivizing that DCWs get vaccinated? Y/N
39. Is your agency notifying staff of vaccination appointment availability?
40. Are you offering paid or unpaid time off to staff who want the vaccine?
- ☐ Paid Time off
 - ☐ Unpaid-Time-Off
 - ☐ Not offering time off for vaccinations
41. Are you notifying members and families when DCWs are vaccinated? Y/N
42. How are you confirming that DCWs are vaccinated?
- ☐ Getting copies of vaccination cards
 - ☐ Staff attestation
 - ☐ We're not tracking staff vaccination
43. Are you tracking staff vaccination? Y/N
44. If, yes, what percent of DCWs that work directly with DDD members are fully vaccinated against COVID-19 as of the following dates:
- ☐ 4/1/21
 - ☐ 4/15/21
 - ☐ 4/30/21
45. If yes, what percent of DCWs that work directly with DDD members have/had received their first dose of the COVID-19 vaccine as of the following dates:
- ☐ 4/1/21
 - ☐ 4/15/21
 - ☐ 4/30/21
46. Please provide any comments you have regarding the COVID 19 vaccine.

Personal Protective Equipment:

47. Do your nursing staff have enough personal protective equipment (PPE) to implement your pandemic performance plan for one month?



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48. Which of the following PPE is needed?

- ☐ Gloves
- ☐ Gowns/Aprons
- ☐ Masks and respirators
- ☐ Goggles
- ☐ Face Shields
- ☐ We have sufficient PPE

49. What have your additional monthly expenses been to obtain PPE since January 2021?

- ☐
- ☐ March
- ☐ April
- ☐ Anticipated May

50. Number of members having issues with obtaining any of the following from their assigned health plan:

- ☐ Prescriptions
- ☐ Medical Supplies

51. Does your agency have access to COVID–19 testing kits?

- ☐ Yes, but only testing critical patients
- ☐ Yes, adequate supplies
- ☐ No, partial testing supplies
- ☐ No, none
- ☐ Not applicable

52. Is your nursing staff trained in administering COVID–19 testing kits?

- ☐ Yes, all staff has training
- ☐ 50% or more of staff has training
- ☐ Less than 50% of staff has training
- ☐ None of the nursing staff has training

53. Please provide the number of providers trained on your Pandemic Plan and how to mitigate exposure to COVID-19 through each of the following methods from January 1, 2021 to April 12, 2021

- ☐ In person



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- On-line

54. DDD has made it clear that guidance issued by CDC, ADHS, and DDD as described in the Congregate Settings Guidance document should be followed by QVAs. Are there any extra precautions you are taking not mentioned in that guidance? If so, please share what extra precautions your agency is taking in response to the COVID-19 pandemic.

Members:

55. Do you foresee an increase in nursing demand affecting your ability to provide services to DDD members? Y/N

56. If not, what is your capacity to provide additional services to DDD members?

- How many members?
- How many total beds?

57. How many group homes does your agency operate? (please only provide numeric data as a response)

- Total homes
- Operational homes (as of April 16, 2021)

58. Please list the number of room vacancies as of April 16, 2021. (please only provide numeric data as a response)

59. How many distinct members were served in the following weeks:

- Week of March 22 - 26 :
- Week of April 12 - 16

60. How many COVID-19 positive members have you served in the following weeks?

- Week of March 22 - 26 :
- Week of April 12 - 16

61. Please enter the number of members who have refused/canceled services due to COVID-19 concerns? (Enter "0" below if none)

- How many members?
- How many units?

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- How many members have been impacted by the closure of a group home due to COVID-19?

62. Please state any other issues impacting nursing supported group homes.

Visitation Attestation

On August 28, 2020, the Arizona Department of Health Services (ADHS) published visitation guidance for congregate care settings. The Department has asked that your agency complete a [visitation attestation](#).

63. Has your agency completed the attestation? Y/N

Coronavirus Aid, Relief, and Economic Security (CARES) Act

Paycheck Protection Program Loans:

Under the [Coronavirus Aid, Relief, and Economic Security \(CARES\)](#) Act small businesses are able to apply for Paycheck Protection Program Loans which depending on behavior and how the funds are used can be forgiven. Please take this opportunity to review the information on the program in the link below. Your response to these questions will not disqualify your organization from DDD payments.

<https://www.sba.gov/page/coronavirus-covid-19-small-business-guidance-loan-resources>

<https://www.sba.gov/funding-programs/loans/coronavirus-relief-options/paycheck-protection-program-ppp>

64. Did you apply for a PPP loan? Y/N

65. Have you qualified for a Paycheck Protection Program loan? Y/N/Didn't apply

Provider Relief Fund:

Under the [Coronavirus Aid, Relief, and Economic Security \(CARES\)](#) Act all facilities and providers that received Medicare and/or Medicaid fee-for-service (FFS) reimbursements in 2019 are eligible for the Provider Relief Fund. This funding supports healthcare-related expenses or lost revenue attributable to



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COVID-19 and ensures uninsured Americans can get testing and treatment for COVID-19. These are payments, not loans, to healthcare providers, and will not need to be repaid. Please take this opportunity to review the information on the program in the link below.

PRF eligibility information can be found at <https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/for-providers/index.html>. Please review the link and ensure that all qualification criteria are reviewed carefully.

Terms and conditions can be found here:

<https://www.hhs.gov/sites/default/files/terms-and-conditions-medicaid-relief-fund.pdf>

PRF FAQ's can be found here:

<https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/faqs/index.html>

Medicare/Medicaid requirement

The requirement that vendors must bill Medicaid/Medicare directly is met by billing DDD in its capacity as a Medicaid/Medicare Managed Care Organization (MCO). Services billed to DDD are considered healthcare services.

Your response to this question will not disqualify your organization from DDD payments.

66. Has your agency applied for Provider Relief Funds? Y/N

67. Have you received official notice that you have been approved for a Provider Relief Fund disbursement? Y/N/Didn't apply

68. To qualify for potential funding, have you completed the CARES Provider Relief Fund [attestation](#)?
Y/N

Financial Statements:



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Please contact DDDFinancialStmts@azdes.gov if you are in compliance with this requirement or if you have any related questions.

69. To qualify for potential funding, do you attest that you've submitted (or will do so before 5/31/21) at least the last two annual financial reports in accordance with section 6.3.3 of your qualified vendor agreement with DDD/DES? Y/N

To qualify for potential funding, you must have completed the CARES Provider Relief Fund attestation and be in compliance with the section 6.3.3 of your qualified vendor agreement with DDD/DES. If you have submitted your financial statements there is no additional action needed at this time, unless we reach out directly.

Insurance:

70. Do you attest that you've submitted (or will do so before 5/31/21) all applicable insurance documentation in accordance with section 6.7 of the Terms and Conditions of your Qualified Vendor Agreement DES/DDD? Y/N

For any questions regarding insurance requirements or the necessary documentation, contact your assigned Contract Management Specialist. You can use the Manage Dashboard in FOCUS to look up contact information for your assigned Contract Management Specialist.